FINANCIAL STATUS REPORT

(Short Form)
(Follow Instructions on the back)

. Federal Agency and Organizational Element to Which Report is Submitted		Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval	Page of 1 1
·		185-05			l Page
Denail Commission 3. Recipient Organization (Name and complete				<u> </u>	Pages
ANTHC/DEHE	, 1901 Bragaw St, Anchol	rage. AK 99508	,		
Employer Identification Number		5. Recipient Account Number of Identifying Number		6. Final Report 7. Basis	
32-0162721				1	IX! Cash I I Accrual
 Funding/Grant Period (See instructions) From: (Month, Day, Year) 		To: (Month, Day, Year)	Period Covered by this Reference (Month, Day, Year)	eport To: (Month, Day,Year)	
7/1/2005		9/30/2008	1/1/2007	3/31/2007	
10. Transactions:			1	11	111
			Previously Reported	This Period	Cumulative
a. Total outlays			\$7,577,719	\$370,365	\$7,948,084
b. Recipien	t share of outlays	-			\$0
c. Federal share of outlays			\$7,577,719	\$370,365	\$7,948,084
d. Total unliquidated obligations					\$0
e. Recipient's share of unliquidated obligations					\$0
f. Federal share of unliquidated obligations					\$0
g. Total federal share (sum of lines c and f)					\$7,948,084
h. Total federal funds authorized for this funding period					\$24,209,815
Unobligated balance of federal funds (Line h minus line g)					\$16,261,731
a. Type of Rate (Place an "X" in appropriate box)					
11. Indirect Expense	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: A governing	- · · · · · · · · · · · · · · · · · · ·	ned necessary or information	required by Federal sponsoring	agency in complian	NINERE
13. Certification	•	-	eport is correct and complete and	I that all outlays and	
unliquidated obligations are for the purposes set forth in the award documents. Typed or Printed Name and Title Typed or Printed Name and Title Typed or Printed Name and Title					
Typed or Printed Name and Title Telephone (Area code, number and extension) Diane Chris, Construction Controller 907-729-3580					
	uthorized Certifying Official		Date Report Submitted		
Mane Clin 41					
Previous Editions not Usable				Stendard Fo	rm 269A (Rev 4-88)